

A list of county election offices may be

found at: sosmt.gov/elections

# Declaration for Nomination and

EY IE	Filed thisday of	,20
OR FILING	Document # check	
7. P	By: Deputy or Filing Officer	

Oath of Candidacy JUN 17	2021 By: Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE	OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of:  Bett City Council Ward 3  Full name of office including district and/or department numbers if a	OR Nonpartisan  Name of Political Party
Candidate Name (printed exactly as it should appear on the ballot):	Russell P. Roberts
Mailing Address	City and State Zip Code
P.O. Box 6	Belt, mT 59412
Residence Address	City and State Zip Code
130 3º Ave S.	BeH, MT 59412
County of Residence Contact Phone Email A	Address Website Address
	issell 190 Ognoil.com WA
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE TH	HE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the bal	llot):
Mailing Address:	Residence Address:
5 144	With the Address
Phone: Email Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF	THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which I legislative district if it contains all or parts of more than one county	
_	above for 6 months preceding the general election and will notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	ngy.
Candidate Filing Fee, if applicable, in the amount of \$ 1500	is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY P	UIBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED.
	tatutory deadlines, the qualifications prescribed by the Constitution and laws of
the United States and the State of Montana.	
Levalle / LC	00/17/2021
Signature of Candidate	Date
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Montana	
County of <u>CASCA</u> de  Signed and sworn to before me this <u>17</u> th day of June	2021 by Russell P Roberts.
Signed and sworm to before me this day of day of	Printed Name of Candidate
Where to file Federal, Statewide,	O a similar of controller
State District and Legislative offices:  Montana Secretary of State	Carine Late
P.O. Box 202801	Signature of Notary or Public Official
State Capitol Building, 1301 E. 6th Ave	CORINNE GATES OTARY PUBLIC for the
U-lana MT 50020	State of Montana  OTARY PUBLIC for the  Printed Name of Notary Public
Online: sosmt.gov/elections/filing/	ling at Great Falls, Montana
Fax: 406-444-2023	Commission Expires Notary Public for the State of Montant
Where to file County, City and most	Residing at: GREAT FALLS
Local District offices: County Election Office	My commission expires: 5-21 20 22
	IVIV COMMISSION EXPIRES: - 1-21 /0 / 1

[SEAL/STAMP]



CORINNE GATES NOTARY PUBLIC for the State of Montana SEAL & Residing at Great Fatts, Montana Wy Commission Expires May 21, 2022



# Declaration for Nomination and

د ی	Filed this day of	,20
FILING E ONL)	Document #	
OR FI	Fee paid: cash check	credit
교 교	By:	
	Deputy or Filing Officer	

Oath of Candidacy	Fee paid: cash check	credit
JUN 16 2	021 Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR	COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filling for office of:  Alder man Belt Ward  Full name of office including district and/or department numbers if appl	icable Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	David Eggent	
Mailing Address	City and State	Zip Code
Box 125	Relt MT	59412
Residence Address	City and State	Zip Code
42 Upper Row	Belt Mr	59412
County of Residence Contact Phone Email Add	lress Website Address	
Cascade 406-868-5404 daves	agert @ hotmail.com	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE F	FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the ballot	):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE <b>STATE LEGISLATURE</b> , YOU MUST SELECT ONE OF THE	E FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which I am legislative district if it contains all or parts of more than one county, C		s, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in (a)about of the Secretary of State in writing when I qualify or if I do not qualify.		otify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath o	f Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIFIED HEREBY affirm that I possess, or will possess within constitutional and state the United States and the State of Montana.  Signature of Candidate		
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of Cas Cadu Signed and sworn to before me this 16 day of 4	20 al by David Ego	yert.
Where to file County, City and most Local District offices: County Election Office My C	Printed Name of Candidate  Signature of Notary or Public Official  Printed Name of Notary Public for the State of Montana Alding at Great Falls, Montana Commission Expires  Printed Name of Candidate  Printed Name of Notary Public Official  Notary Public for the State  Residing at:  My commission expires:	
found at: sount gov/elections	ebruary 21, 2023	

MARIE ELLEN JOHNSON MOTARY PUBLIC for the State of Montana Residing at Great Falls. Montana My Commission Expires Fabruary 21, 2023

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# Declaration for Nomination and

5 ₹	Filed thisday of	,20
OR FILING	Document # Fee paid: cash check	credit
FOR	By: Deputy or Filing Officer	

	Oath of Candidac	FRE C I B- I V	FOR FI	Fee paid: cash check By:	credit
		JUN 15 202	21	Deputy or Filing Officer	
DECLARATION AND	OATH OF CANDIDACY TO BE FILED W	ITH SECRETARY OF STATE OR	COUNTY ELECTION ADM	MINISTRATOR AS APPLICABLE	
Filing for office of:	Mayor of office including district and/or	Be I+ r department numbers if appli	cable Nam	e of Political Party	OR Nonpartisan
Candidate Name (	printed exactly as it should app	ear on the ballot):	James	M. Olson	
Mailing Address			City and State		Zip Code
P.O.	Box 503		Re	H. MT	59417
Residence Address	S		City and State		Zip Code
33	Castner St.		BeH	MT	59412
County of Residen	ce Contact Phor	ne Email Add	ress	Website Address	
Casca	de (406)2	77.4449 Jam	es. Olson15	yaha .	
IF THIS DECLARATION	N IS FOR THE OFFICE OF GOVERNOR	YOU MUST COMPLETE THE F	OLLOWING INFORMATION	ON:	
Lieutenant Govern	nor Name (printed exactly as it sl	nould appear on the ballot	:		
Mailing Address:			Residence Address:		
Phone:	Email Address	:		Website Address:	
IF THIS DECLARATION	N IS FOR THE <b>STATE LEGISLATURE</b> , Y	OU MUST SELECT ONE OF THE	FOLLOWING:		
	<b>ffirm</b> that I am either a resident o district if it contains all or parts o			tains one or more legislative distr	icts, or of the
	<b>ffirm</b> that I will meet the residence etary of State in writing when I q		ve for 6 months prece	eding the general election and wi	ll notify the office
FILING FEE - FEE MU	IST BE PAID BEFORE FILING IS VALID:				
Candidate Filin	ng Fee, if applicable, in the amou	nt of \$ 15,00	is hereby submitt	ed with this Declaration and Oat	h of Candidacy.
OATH OF CANDIDAC	Y - CANDIDATE MUST SIGN IN THE F	RESENCE OF A NOTARY PUBL	IC OR AN OFFICER OF T	HE OFFICE WHERE THIS FORM IS FILE	D:
	at I possess, or will possess with and the State of Montana.	in constitutional and state	itory deadlines, the q	ualifications prescribed by the C	onstitution and laws of
the officed states	did the state of Montana.			15-	/
	and oto	6		1) June 202	7
	ture of Candidate		Date		
NOTARY PUBLIC OR A	AUTHORIZED OFFICER				
County of	scade	2			
Signed and sworn	to before me this <u>15</u> da	y of Quel	, 20_2/by	, James M. Ols	son.
Where to file Fe	deral, Statewide,	0		Printed Name of Candidate	
	nd Legislative offices:		1 ) 01.	m M. () 0.	
Montana Secreta			Signature of	f Notary or Public Official	
P.O. Box 202801	ilding, 1301 E. 6 <sup>th</sup> Ave		3.3	The same of the sa	0 11
2 <sup>nd</sup> Floor, Room	260			Printed Name of Notary	Public
PHILLIAN AND CONTROL OF STREET STREET	t.gov/elections/filing/		VN M. MILLER RY PUBLIC for the	Notary Public for the Sta	700
	44-2023	St. St.	ate of Montana ing at Belt, Montana	0 .	ite of
Local District off		My Co	mmission Expires	Residing at:	
County Election ( A list of county e	Office election offices may be	[SEAL/STA	The second secon	My commission expires:	01/29,2022

found at: sosmt.gov/elections



A list of county election offices may be found at: sosmt.gov/elections

\_day of \_\_

7 (A)	Candidacy	N 09 2021	Fee paid: By:	cash check	credit
DECLARATION AND OATH OF CANDIDAC	Y TO BE FILED WITH SECRETARY	OF STATE OR COUNTY ELE	CTION ADMINISTRATOR A	S APPLICABLE	
Filing for A					1 _
office of: Aldeman	ward I ng district and/or department nur	mbers if applicable	Name of Political Pa	rtv	OR Nonpartisa
		Anic	1 1 11/01	10	
Candidate Name (printed exactly as	it should appear on the ball	ot):	hhwc	11 >	
Mailing Address		City and S	tate		Zip Code
PO BOX 211		Bei	+ M,		59412
Residence Address		City and S	tate		Zip Code
#20 Anarond	a St.	Bel	+ Mt.		59412
County of Residence	Contact Phone	Email Address		Website Address	
Cuscad P	466-781-7785	awellsa) be	145 chool Com		
IF THIS DECLARATION IS FOR THE OFFICE	OF GOVERNOR, YOU MUST COM	APLETE THE FOLLOWING IN	FORMATION:		
Lieutenant Governor Name (printed	exactly as it should appear o	n the ballot):			
Mailing Address:		Residence	Address		
Ivialing Address.		Nesidefice	Address.		
Phone:	Email Address:			e Address:	
IF THIS DECLARATION IS FOR THE STATE	LEGISLATURE, YOU MUST SELEC	TONE OF THE FOLLOWING			
(b) I hereby affirm that I will me	riting when I qualify or if I do	(s) in (a)above for 6 mo	nths preceding the gen	eral election and will	notify the office
Candidate Filing Fee, if applicabl	e, in the amount of \$	is hereb	y submitted with this D	eclaration and Oath	of Candidacy.
OATH OF CANDIDACY - CANDIDATE MU: I hereby affirm that I possess, or wi the United States and the State of I Signature of Candidate	ll possess within constitution				
NOTARY PUBLIC OR AUTHORIZED OFFICE	iR .				
State of Montana County of Signed and sworn to before me this	$\frac{2}{8}$ day of $\frac{1}{2}$	√€ ,20 <del>\</del>	D by ADE	il 1 11	ells
Where to file Federal, Statewide, State District and Legislative office Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filin Fax: 406-444-2023 Where to file County, City and montanger Local District offices: County Election Office	Ave	PATTY KOLA NOTARY PUBLIC I State of Montan Montana My Commission E March 17, 203	R Print Notal Notal Notal Residence	ted Name of Notary P ary Public for the State ding at:	e of
County Election Office	OF MODE	mearch 17, 200	My c	ommission expires:_	, 20

ROTATY KOLAR
ROTARY PUBLIC for the
leasts of Montains
reaching as Reynostord,
Romans
Lommission Equires
Reman 17, 2024





be found at:

FILING E ONL)	Filed thisday of Document #	,20
~ 0	Fee paid: cash check	credit
P. P.	By:	
	Deputy or Filing Officer	

Oath of Candidacy  JUN 08 20	Fee paid: cash check  By:  Deputy or Filing Officer	credit
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OF	R COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filing for office of:  Alderman Ward 2 of Bether Full name of office including district and/or department numbers if app	+ -	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	ecky Gorton	
Mailing Address	City and State	Zip Code
P.O. BOX 145	Belt Mont.	59412
Residence Address	City and State	Zip Code
110 135 Ave. 5,	B=1+, Monti	59412
County of Residence Contact Phone Email Add		
Cascade 406-403.3696 9011	tonb29@gmailicom	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the ballo	t):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF TH		
(b) I hereby affirm that I will meet the residency qualification(s) in (a)ab of the Secretary of State in writing when I qualify or if I do not qualify FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		ll notify the office
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath	n of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUB I hereby affirm that I possess, or will possess within constitutional and stat the United States and the State of Montana.  Becky  Signature of Candidate		
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of CASCADE		
Signed and sworn to before me this 8day of une	20 a by Becky S C	porton.
Where to file for Federal, Statewide, State District and Legislative offices: Montana Secretary of State	Signature of Notary of Public Official	
	RT PODRY Printed Name of Notary	Public
By Fax: 406-444-2023 State	PUBLIC for the of Montana Notary Public for the Sta	ite of Mayau
Where to file for County, City and My Comm	mission Expires	- 11.
	16/2023 Residing at: ( ) 44	T tALLS

ROBERT PODRY
NOTARY PUBLIC for the
State of Montana
Residing at Great Falls, Montana
My Commission Expires
4/16 2023

SEAL



found at: sosmt.gov/elections

# Declaration for Nomination and

Filed this	day of	,20
Document #		
Fee paid:	cash check	credit

	2021 By: Credit
DECLADATION AND CATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR	Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR	COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of:  Alderman ward 2  Full name of office including district and/or department numbers if applie	OR Nonpartisan Name of Political Party
Candidate Name (printed exactly as it should appear on the ballot):	ally M Miller
Mailing Address	City and State Zip Code
Box 61	Belt, mt 59412
Residence Address	City and State Zip Code
323 Bridge Street	Belt, Mt. 59412
County of Residence Contact Phone Email Addr	ress Website Address
Cascade 406 277-3226	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FO	OLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot)	:
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE	FOLLOWING:
legislative district if it contains all or parts of more than one county, <b>O</b> (b) I hereby affirm that I will meet the residency qualification(s) in (a)abo of the Secretary of State in writing when I qualify or if I do not qualify.  FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBL I hereby affirm that I possess, or will possess within constitutional and statuthe United States and the State of Montana.  Signature of Candidate	IC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: story deadlines, the qualifications prescribed by the Constitution and laws of Date
	Date /
NOTARY PUBLIC OR AUTHORIZED OFFICER	Date /